

RONALD FANTOZZI

2 OF 18



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Ronald Fantozzi

FROM: St. Mary's Regional Medical Center
(Medical Records Department)
Campus Avenue
P.O. Box 291
Lewiston, ME 04243-0291
(207) 777-8100

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

Micorfilm/fiche - Best Copy Possible Per Custodian

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500685011-0001
THROUGH 500685011-0453.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

St. Mary's General Hospital

August 19, 2003

Attn: LINDSAY PARKER
MARKER'S LITIGATION SERVICES
13105 NORTHWEST FREEWAY, SUITE 300
HOUSTON, TX 77040

RE: 0221342 FANTOZZI, RONALD

CHARGES: 268.00

PAYMENTS: 268.00

I, Pauline Pelletier, do hereby certify that I am the director, the duly authorized custodian of medical records for St. Mary's Regional Medical Center, Campus Avenue, Lewiston, Maine, a hospital licensed under the laws of the State of Maine.

I further certify that the documents attached hereto are true and complete copies of the medical records pertaining to: RONALD M FANTOZZI

TO WIT: LABORATORY REPORTS OF 07/10/03

RADIOLOGY REPORTS OF 06/05/03

02/05/03

05/15/02

03/31/02

08/09/01

COMPLETE DAY SURGERY RECORD OF 03/23/01

03/09/01

COMPLETE EMERGENCY RECORD OF 02/24/01

03/14/99

10/04/98

02/15/97

05/13/96

03/30/94

COMPLETE CLINIC RECORD OF 06/07/99

09/14/98

02/09/98

COMPLETE INPATIENT RECORD OF 10/05/98 TO 10/09/98

08/17/98 TO 08/20/98

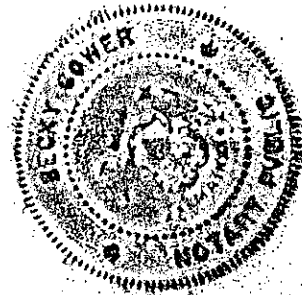
09/16/97 TO 09/22/97

Dated at Lewiston, Maine this 19th day of August 2003.

Pauline Pelletier

Pauline Pelletier
Director

BECKY GOWER
Notary Public, Maine
My Commission Expires June 19, 2010



St. Mary's General Hospital
August 19, 2003

Letter continues for: MARKER'S LITIGATION SERVICES

Health Information Mgmt Services
St Mary's Regional Medical Center

STATE: MAINE
COUNTY: ANDROSCOGGIN

Ms Pelletier personally appeared before me on

8/19/03

Becky Gowler
Notary

Mailing Address: ST MARY'S REGIONAL MEDICAL CENTER
MEDICAL RECORDS DEPARTMENT
CAMPUS AVENUE
P.O. BOX 291
LEWISTON, MAINE 04243-0291

FANTOZZI, RONALD M St Mary's Online Information 8/19/03
ACCT#: 3107244 HS-CRP 12:27.33

COLLECTED DATE/TIME: 7/10/03 1208
REPORTED DATE/TIME: 7/11/03 0209 ORDER#: 3667872

HIGH SENSITIVITY CRP (hs-CRP) 1.38 mg/L
PLEASE NOTE NEW REFERENCE RANGE AS RECOMMENDED BY THE
AMERICAN HEART ASSOCIATION.

Relative Risk
Low <1.0 mg/L
Average 1.0 to 3.0 mg/L
High >3.0 mg/L

Results of an extensive study indicated 90% of a healthy
population had hs-CRP levels <2.0 mg/L.
Measurements of hs-CRP may add to the predictive value of
other markers, but should not be used as a sole risk factor.
Increases in hs-CRP are non-specific and should not be

COMMENT:

500685.011.0001

FANTOZZI, RONALD M St Mary's Online Information 8/19/03
 ACCT#: 3107244 COMPREHENSIVE MET PANEL 12:27.40

COLLECTED DATE/TIME: 7/10/03 1208 ORDER#: 3666841
 REPORTED DATE/TIME: 7/10/03 1418

CALCIUM	9.1	mg/dL	8.5-10.1	
GLUCOSE	92	mg/dL	70-110	
BLOOD UREA NITROGEN	13	mg/dL	7-22	
CREATININE	0.9	mg/dL	0.6-1.3	
TOTAL PROTEIN	7.7	g/dL	6.4-8.2	
ALBUMIN	4.1	g/dL	3.3-5.0	
GLOBULIN	3.6	g/dL	2.3-5.3	
ALBUMIN/GLOBULIN RATIO	1.1		1.1-1.8	# H
TOTAL BILIRUBIN	1.1	mg/dL	0.0-1.0	
ALKALINE PHOSPHATASE	114	U/L	50-136	
SGOT (AST)	50	U/L	8-42	H
SGPT (ALT)	99	U/L	0-55	H
SODIUM	139	mmol/L	136-145	
POTASSIUM	4.0	mmol/L	3.5-5.1	
CHLORIDE	102	mmol/L	98-110	
CO2	28	mmol/L	23-33	

COMMENT:

500685.011.0002

FANTOZZI, RONALD M St Mary's Online Information 8/19/03
ACCT#: 3107244 HEPATIC FUNCTION PANEL 12:27.44

COLLECTED DATE/TIME: 7/10/03 1208 ORDER#: 3666842
REPORTED DATE/TIME: 7/10/03 1418

DIRECT BILIRUBIN	0.3	mg/dL	0.0-0.3	
INDIRECT BILIRUBIN	1.0	mg/dL	0.0-0.7	H

COMMENT:

500685.011.0003

FANTOZZI, RONALD M St Mary's Online Information 8/19/03
 ACCT#: 3107249 LIPID PANEL 12:27.48

COLLECTED DATE/TIME: 7/10/03 1208 ORDER#: 3666843
 REPORTED DATE/TIME: 7/10/03 1418

CHOLESTEROL	163	mg/dL	Desirable<2
CHOLESTEROL INTERPRETATION:			
Desirable:	<200 mg/dL		
Borderline:	200 - 240 mg/dL		
High risk:	>240 mg/dL		
TRIGLYCERIDE	154	mg/dL	Normal <150 H
TRIGLYCERIDES INTERPRETATION:			
Normal:	<150 mg/dL		
Borderline High:	150 - 199 mg/dL		
High:	200 - 499 mg/dL		
Very High:	> or = 500 mg/dL		
HIGH DENSITY LIPOPROTEIN	30	mg/dL	35-60 L
CALCULATED LDL	103	mg/dL	Optimal <10 H
LDL INTERPRETATION:			
Optimal:	<100 mg/dL		
Near Optimal:	100 - 129 mg/dL		
Borderline High:	130 - 159 mg/dL		
High:	160 - 189 mg/dL		
Very High:	> or = 190 mg/dL		
CORONARY RISK FACTOR	5.43		
INTERPRETATION			
TOTAL CHOL/HDL			
MEN		WOMEN	
RISK			
1/2 AVERAGE	3.43		3.27
2X AVERAGE	4.97		4.44
3X AVERAGE	9.55		7.08
	23.99		11.04

COMMENT:

500685.011.0004

FANTOZZI, RONALD M St Mary's Online Information 8/19/03
ACCT#: 310724 TSH (SM) 12:27.53

COLLECTED DATE/TIME: 7/10/03 1208
REPORTED DATE/TIME: 7/10/03 1418 ORDER#: 3666844

THYROID STIMULATING HORMONE 1.03 uIU/mL 0.34-4.82

COMMENT:

500685.011.0005

FRANTOZZI, RONALD M St Mary's Online Information 8/19/03
ACCT#: 3107244 CEK 12:27.59

COLLECTED DATE/TIME: 7/10/03 1208 ORDER#: 3666753
REPORTED DATE/TIME: 7/10/03 1406

CK TOTAL 65 U/L 21-232

COMMENT:

500685.011.0006

FANTOZZI, RONALD M St Mary's Online Information 8/19/03
ACCT#: 3107244 URINE MICROSCOPIC 12:28.05

COLLECTED DATE/TIME: 7/10/03 1149 ORDER#: 3666641
REPORTED DATE/TIME: 7/10/03 1322

RBCS	+3	/hpf	0-3	A
WBCS	NEGATIVE	/hpf	0-5	
BACTERIA	NEGATIVE	/hpf	NEGATIVE	
MUCUS	NONE SEEN	/lpi	NONE SEEN	
SQUAMOUS CELLS	NEGATIVE	/hpf	NEGATIVE	

COMMENT:

500685.011.0007

FANTOZZI, RONALD M St Mary's Online Information 8/19/03
 ACCT#: 3107244 URINALYSIS, ROUTINE 12:28.09

COLLECTED DATE/TIME: 7/10/03 1149 ORDER#: 3666636
 REPORTED DATE/TIME: 7/10/03 1322

SPECIMEN REFRIGERATED?	NO	
APPEARANCE	SLIGHTLY HAZY	
COLOR	YELLOW	CLEAR
SPECIFIC GRAVITY	1.023	YELLOW
LEUKOCYTE ESTERASE	NEGATIVE	1.008-1.030
NITRITE	NEGATIVE	NEGATIVE
PH	5.0	NEGATIVE
PROTEIN	TRACE	5-8
GLUCOSE	NORMAL	NEGATIVE
KETONES	NEGATIVE	NORMAL
UROBILINOGEN	NORMAL	NEGATIVE
BILIRUBIN	NEGATIVE	NORMAL
OCCULT BLOOD	APPROX 250	NEGATIVE
		ery/uL
		mg/dL
		mg/dL
		mg/dL
		ery/uL

A

COMMENT:

500685.011.0008

FANTOZZI, RONALD M St Mary's Online Information 8/19/03
ACCT#: 3107244 PRO TIME 12:28.13

COLLECTED DATE/TIME: 7/10/03 1208 ORDER#: 3666614
REPORTED DATE/TIME: 7/10/03 1317

PROTHROMBIN TIME (PATIENT)	13.0	SECONDS	11.0-13.5
INT'L NORMALIZATION RATIO	1.11		0.85-1.2

COMMENT:

500685.011.0009

FANTOZZI, RONALD M St Mary's Online Information 8/19/03
 ACCT#: 3107244 CBC AUTO DIFF 12:28.17

COLLECTED DATE/TIME: 7/10/03 1208 ORDER#: 3666806
 REPORTED DATE/TIME: 7/10/03 1315

WHITE BLOOD COUNT	6.9		
RED BLOOD COUNT	4.57		4.5-10.9
HEMOGLOBIN	14.4		4.7-6.1
HEMATOCRIT	41.3		14-18
MEAN CORPUSCULAR VOLUME	90.4		42-52
MEAN CORPUSCULAR HEMOGLOBIN	31.6		80-94
MEAN CORPUSCULAR HGB CONC	34.9		27-31
RED CELL DISTRIBUTION WIDTH	11.8		33-37
PLATELET COUNT	274		11.5-14.5
MEAN PLATELET VOLUME	8.0		130-400
%LYMPHOCYTES (COULTER)	28.1		7.4-10.4
%MONOCYTES (COULTER)	12.7		20-35
%GRANULOCYTES (COULTER)	57.4		0-15
%EOSINOPHILS (COULTER)	1.4		55-81
%BASOPHILS (COULTER)	0.4		0-3
			0-1

COMMENT:

500685.011.0010

**ST MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

FANTOZZI, RONALD M

Phone #(207)782-3873

DOB [REDACTED] 1962

Attending: MICHAEL J BOULANGER

Referring:

Visit #3088794

MR #22-13-42

X-Ray #08-99-89

Service Date 06/05/2003

NS/Room /Clinic: RD

LUMBAR SPINE 72110

INDICATIONS: Persistent low back pain for four months.

FINDINGS: No spondylolisthesis or spondylolysis is seen. No compression fracture is seen. The disk spaces are intact.

IMPRESSION: No acute bony pathology seen in the lumbar spine.

J: 277989 MARK EULE, M.D.

D: 06/05/2003 12:47:12

T: 06/06/2003 11:35:01/cmw

CC: MICHAEL BOULANGER, M.D., Attending Physician

This document was electronically reviewed/signed by MARK EULE, M.D. on 06/06/2003 12:44:54.

**CONFIDENTIAL RECORD REQUIRES
SPECIFIC DISCLOSURE CONSENT.
ANY REDISCLOSURE OF THIS INFORMATION
BY THE RECIPIENT IS PROHIBITED.**

**ST MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

FANTOZZI, RONALD M

Phone #(207)782-3873

DOB [REDACTED] 1962

Attending: PAUL R MAILHOT

Referring: MICHAEL J BOULANGER

Visit #3026651

MR #22-13-42

X-Ray #08-99-89

Service Date 02/05/2003

NS/Room /Clinic: CT

AP ABDOMEN 74000
SPIRAL CT SCAN OF THE ABDOMEN 74150

INDICATION: Left flank pain. History of stones.

FINDINGS: Compared with previous CT scan of the abdomen on 05/31/2002 followed by a KUB on 05/31/2002, which revealed a double-J left ureteral stent in place with left ureteral calculus moved to mid level.

Currently, spiral CT sections were carried from mid hepatic level to the ischial tuberosities. The liver appears normal. No dilatation of the biliary tree. Status post cholecystectomy. Normal-appearing pancreas and spleen (visualized mid and lower portions). No lesion seen in either adrenal gland. Normal renal contours and cortices bilaterally.

Separate minute calculi are seen in the right kidney in the middle pole and in the lower pole. No obstructive features. In the left kidney, there are at least two calculi in the middle pole. One appears to be in the 4- to 5-mm range. No obstruction on the left side. The ureters are normal in course and caliber. The urinary bladder appears unremarkable, as is the prostate gland, which contains two minute calculi on the right. The seminal vesicles are unremarkable.

The aortic caliber is normal. No paracaval, periaortic, or iliac adenopathy.

Several metallic clips are noted in relation to lower ascending colon.

RADIOLOGY REPORT
FANTOZZI, RONALD M
Page 2 of 2

LINCOLN ENGSTROM, M.D.

MR#: 22-13-42

IMPRESSION: Two minute calculi in the right kidney without evidence of obstruction. Two calculi in the left kidney without obstructive features. One calculus is in the 4- to 5-mm range. The urinary bladder, prostate, and seminal vesicles are unremarkable. Multiple metallic clips about the ascending colon and relates to previous surgery.

J: 250059 LINCOLN ENGSTROM, M.D.
D: 02/05/2003 13:00:41
T: 02/05/2003 15:17:11/pat
CC: MICHAEL BOULANGER, M.D., Referring Physician
PAUL MAILHOT, M.D., Attending Physician

This document was dictated by LINCOLN ENGSTROM, M.D. and electronically reviewed /signed by MARK EULE, M.D. on 02/06/2003 09:36:18.

500685.011.0013

**ST MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

FANTOZZI, RONALD M

Phone #(207)782-3873

DOB [REDACTED]/1962

Attending: PAUL R MAILHOT

Referring: MICHAEL J BOULANGER

Visit #2502173

MR #22-13-42

X-Ray #08-99-89

Service Date 05/15/2002

NS/Room /Clinic: CT

**PLAIN FILM OF THE ABDOMEN AND AN ABDOMEN CT STONE PROTOCOL
74000, 74150**

Indication for Study: Bilateral flank pain.

PLAIN FILM ABDOMEN

FINDINGS: The left kidney appears edematous secondary to an obstruction by a calculus lodged in the proximal ureter opposite the L3-4 interspace. This calculus is approximately 5 mm in greatest length. There are several additional non-obstructing calculi seen in the lower pole calices on the left. On the right side, there are surgical staples overlying the right colon presumably related to colonic surgery.

IMPRESSION: Findings suggest an acute obstruction of the left upper urinary tract by a 5-mm calculus currently lodged in the left ureter at the level of the L3-4 interspace.

CT ABDOMEN (STONE PROTOCOL)

FINDINGS: Noncontrast images were done from the top of the kidneys to the floor of the pelvis demonstrating acute obstruction of the left upper urinary tract demonstrating hydronephrosis and a hydroureter down to the level of the obstructing calculus as demonstrated on the plain film opposite the L3-4 interspace. There are three more tiny non-obstructing calculi in the lower pole calices on the left and one non-obstructing calculus in the lower pole on the right.

The remainder of the study is unremarkable.

RADIOLOGY REPORT
FANTOZZI, RONALD M
Page 2 of 2

CARL CARLSON, M.D.

MR#: 22-13-42

IMPRESSION

1. Acute high-grade obstruction of the left upper urinary tract secondary to a calculus identified on the plain film opposite the L3-4 interspace.
2. Multiple bilateral non-obstructing calculi are related to lower pole calices in both the left and right kidney.

J: 189691 CARL CARLSON, M.D.
D: 05/15/2002 13:09:37
T: 05/16/2002 08:00:49/clc
CC: MICHAEL BOULANGER, M.D., Referring Physician
PAUL MAILHOT, M.D., Attending Physician

This document was electronically reviewed/signed by CARL CARLSON, M.D. on 05/16/2002 11:33:50.

500685.011.0015

**ST MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

FANTOZZI, RONALD M

Phone #(207)782-3873

DOB [REDACTED] 1962

Attending: GEORGE A VRANEY

Referring: MICHAEL J BOULANGER

Visit #2457048

MR #22-13-42

X-Ray #08-99-89

Service Date 03/31/2002

NS/Room/Clinic: RD

CHEST X-RAY 71020

INDICATION: Chronic bronchitis.

FINDINGS: PA and lateral views of the chest were obtained and compared with 5 October 1998. The lungs are clear. The heart is within normal limits for size and configuration. Mediastinal and hilar contours appear normal. The bony structures are within normal limits for age.

IMPRESSION: Negative examination.

J: 179291 HENRY TALARICO, M.D.
D: 04/01/2002 08:33:35
T: 04/01/2002 14:07:43/lgg
CC: MICHAEL BOULANGER, M.D., Referring Physician
GEORGE VRANEY, M.D., Attending Physician

This document was electronically reviewed/signed by HENRY TALARICO, M.D. on 04/01/2002 17:24:43.

**ST MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

FANTOZZI, RONALD M

Phone #(207)782-3873

DOB [REDACTED] 1962

Attending: MICHAEL J BOULANGER

Referring:

Visit #1582260

MR #22-13-42

X-Ray #08-99-89

Service Date 08/09/2001

NS/Room /Clinic: CT

CT SCAN OF THE ABDOMEN WITH CONTRAST 74160

Indication for Study: Chronic abdominal pain. Elevated lipase. Compared with CT scan of the abdomen (stone protocol) on February 24, 2001.

FINDINGS: Currently, CT sections were carried from the lower lung fields to mid false pelvis. The lower lung fields are clear. Normal hepatic size and contour without primary or secondary lesion. No dilatation of the intrahepatic or extrahepatic biliary tree. The gallbladder is absent. The pancreas appears normal. No splenic abnormality.

No significant paracaval, periaortic, or iliac adenopathy. The abdominal aorta appears normal. No lesions seen in either adrenal gland. Renal contours and cortices are preserved. The pelvicaliceal structures appear normal. Fullness of the left extrarenal pelvis noted without distal obstruction as evident on February 24, 2001. The fullness of extrarenal pelvis on the left and to a lesser extent on the right is attributed to anatomical variant.

IMPRESSION: Negative CT scan of the abdomen. No secondary features of left ureteral obstruction as evident on February 24, 2001.

J: 126625 LINCOLN ENGSTROM, M.D.

D: 08/09/2001 09:28:44

T: 08/09/2001 12:27:07/clc

CC: MICHAEL BOULANGER, M.D., Attending Physician

This document was electronically reviewed/signed by LINCOLN ENGSTROM, M.D. on 08/10/2001 09:03:12.

REGISTRATION		ADMISSION		ST. MARY'S REGIONAL MEDICAL CENTER LEWISTON, ME 04240				
ADM NO 1445280	FC C	ARRIVED DNBP	MED REC # 221342	PATIENT NAME FANTOZZI, RONALD M		SVC GEN	NS/ROOM/BED 0000	REG DATE 3/23/01
PATIENT ADDRESS 40 POLAND RD				AGE 038Y	DOB /62	PLACE OF BIRTH CT	SEX M	MARITAL STATUS M
CITY, STATE, ZIP AUBURN ME 04210			MAIDEN NAME		MOTHER/FATHER NAME			
ATTENDING PHYSICIAN MAILHOT, PAUL R				NEXT OF KIN/POUSE DEBORAH FANTOZZI		NEXT OF KIN/TELEPHONE NO 207 7823873/		
REFERRING PHYSICIAN BOULANGER, MICHAEL J				RACE/SMOKE C	REL 81	PREV DISCH 10/05/98		EMS NO
PRIMARY CARE PHYS BOULANGER, MICHAEL J				DATE/TIME ADMITTED 3/23/01 15:03		DATE/TIME DISCH/DEATH 3/23/01 11:35		
PT PHONE # 207 782-3873		ADMIT BY 4310	SOC SEC # 2724	LOCATION		ADMITTING DIAGNOSIS		
EMPLOYER PHONE #		GUARANTOR NAME/ADDRESS FANTOZZI, RONALD M 40 POLAND RD AUBURN ME 04210				VETERAN	XRAY NO 08-99-89	
ADVANCE DIRECTIVE				POWER OF ATTORNEY NONE		LIVING WILL NONE		
INSURANCE CO #/NAME 92 7 CIGNA/AVON CT 50 21 MEDICARE				POLICY NO 006605921-02 006542724A	GROUP NUMBERS 3021616	SUBSCRIBERS NAME(S) FANTOZZI, DEBORAH FANTOZZI, RONALD M		RELATION SP PT
DIAGNOSIS LT URETERAL STONE / LT ESWL								
COMMENTS pm			TRANS OR ADMIT		DATE LAST SERVICE 10/05/98		PHYSICIAN 02713	
PATIENT INFORMATION								
EMPLOYER NAME			EMPLOYER ADDRESS					
CITY	ST	ZIP	PHONE NUMBER					
		00000	(000)					
GUARANTOR INFORMATION								
NAME FANTOZZI RONALD M			PT RELATION PT		ADDRESS 40 POLAND RD			
CITY AUBURN	ST ME	ZIP 04210	PHONE NUMBER (207) 782-3873					
SOC SEC NO			EMPLOYER			ADDRESS		
CITY	ST	ZIP	PHONE NUMBER					
		00000	(000)					
SUBSCRIBER INFORMATION								
NAME FANTOZZI, DEBORAH			SEX F	PT RELATION SP		ADDRESS		
CITY	ST	ZIP	PHONE NUMBER					
		00000	(000)					
1ST INSURANCE CO NAME CIGNA/AVON CT			ADDRESS PO BOX 354			CITY AVON	ST CT	ZIP 06001
NAME FANTOZZI, RONALD M			SEX M	PT RELATION PT		ADDRESS		
CITY	ST	ZIP	PHONE NUMBER					
		00000	(000)					
2ND INSURANCE CO NAME MEDICARE			ADDRESS PO BOX 9423			CITY PORTLAND	ST MA	ZIP 00000
NAME			SEX	PT RELATION		ADDRESS		
CITY	ST	ZIP	PHONE NUMBER					

500685.011.0018

St. Mary's Regional Medical Center

Day Surgery Unit
History and Physical
Post Op Instructions

DAY SURGERY 3/23/01 1445280
221342 MAILHOT, PAUL
ANTOZZI, RONALD M
3 POLAND RD
BURN ME 04210
3/62 TEL 782-3873
036605921-02 3021616

ADDRESSOGRAPH

DATE	HISTORY
	PHYSICAL EXAM: VITAL SIGNS: T_____ P_____ R_____ B/P_____
	HEART:
	LUNG:
	OTHER:
Date & Time	OP NOTE:
3/23/01	PRE OP DX: ① Unilateral Calculus
	POST OP DX: ② Unilateral Calculus
	PROCEDURE: ESWL
	SURGEON: Mailhot ASSISTANT:
	EBL: 0 DRAINS:
	COMPLICATIONS: 0
	SPECIMEN:
	DISCHARGE INSTRUCTIONS:
	DISCHARGE ORDERS: Per Criteria ✓
	DIET: As tol ✓
	PHYSICAL LIMITATIONS: As tol ✓
	MEDICATIONS: Macrobid ✓
	OFFICE VISIT: 1 week
	FURTHER INSTRUCTIONS: Noted Bolander 3/23/01

DAY SURGERY POST OP INSTR. (REV. 400)

PHYSICIAN SIGNATURE: MailhotDATE: 3/23/01

500685.011.0020

**ST MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

22-13-42

FANTOZZI, RONALD M

DOB: [REDACTED]/1962

HISTORY/PHYSICAL

Admitted:

DICTATOR: PAUL MAILHOT, M.D.

CHIEF COMPLAINT: Left ureteral calculus.

HISTORY OF PRESENT ILLNESS: This is a 38-year-old male with a long history of recurring urolithiasis secondary to Crohn's disease. He recently underwent left ureteral stenting for a left ureteral calculus. He is now being admitted for ESWL of a left upper ureteral calculus. He does have retained calculi in the lower pole of his left kidney as well.

PAST MEDICAL HISTORY: Includes Crohn's disease and a history of urolithiasis.

PAST SURGICAL HISTORY: Includes a cholecystectomy, bowel surgery, various procedures for urolithiasis including ESWL.

ALLERGIES: None known.

SOCIAL HISTORY: The patient denies alcohol drinking or tobacco usage.

MEDICATIONS: OxyContin, Luvox, Imuran and Percocet, Macrobid.

FAMILY HISTORY: Mother is deceased of congestive heart failure. Father is alive and well.

REVIEW OF SYSTEMS: **CARDIOVASCULAR:** Negative. **PULMONARY:** Negative. **GI:** As noted above. **MUSCULOSKELETAL:** Negative. **NEUROLOGICAL:** Negative. **ENDOCRINE:** Negative. **PSYCHIATRIC:** Mild depression.

PHYSICAL EXAMINATION: Reveals a well-developed, well-nourished male in no acute distress. **SKIN:** Warm and dry. **HEENT:** Normal. **NECK:** Supple without masses or thyromegaly. **LUNGS:** Clear to auscultation bilaterally. **HEART:** Regular heart rhythm without murmurs or gallops. Pulses are equal. **ABDOMEN:** Shows diffuse right sided abdominal pain relating to the patient's Crohn's disease. **BACK:** 1+ left CVA tenderness. **GENITALIA:** Reveals an uncircumcised penis with normal testes. **RECTAL:** Examination reveals a normal prostate gland. **EXTREMITIES:** No clubbing, cyanosis or edema. **LYMPH NODES:** None are palpable. **NEUROLOGICAL:** Nonfocal.

IMPRESSION: Left upper ureteral calculus and left renal calculi.

ORIGINAL

HISTORY/PHYSICAL

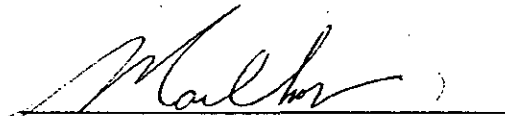
500685.011.0021

HISTORY/PHYSICAL
FANTOZZI, RONALD M
Page 2 of 2

PAUL MAILHOT, M.D.

MR#: 22-13-42

TREATMENT PLAN: ESWL. The procedure, alternatives, risks and possible complications have been explained to the patient.


PAUL MAILHOT, M.D./lmb

J: 95806
D: 03/22/2001 11:07:53
T: 03/22/2001 11:22:29

CC: MICHAEL MONZEL, M.D.
MICHAEL BOULANGER, M.D.

500685.011.0022

**ST MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

FANTOZZI, RONALD M

Phone #(207)782-3873

DOB [REDACTED]/1962

Attending: PAUL R MAILHOT

Referring: MICHAEL J BOULANGER

Visit #1445280

MR #22-13-42

X-Ray #08-99-89

Service Date 03/23/2001

NS/Room

Clinic Code: SD

ABDOMEN

72040

Indication for Study: KUB and obliques.

FINDINGS: Films of the abdomen shows a stone in the lower pole of the left kidney as well as a stone adjacent to the proximal stent catheter. A double pigtail stent is seen in place. Sutures noted on the right.


MARK EULE, M.D./clc

J: 96068

D: 03/23/2001 12:17:43

T: 03/23/2001 15:23:54

CC: PAUL MAILHOT, M.D., Attending Physician
MICHAEL BOULANGER, M.D., Referring Physician

ORIGINAL

RADIOLOGY REPORT

2002

SRMC RADIOLOGY

03/28/2001 MON 13:45 FAX 2077778503

500685.011.0023

Rev. 7/90

ST. MARY'S REGIONAL MEDICAL CENTER
ANESTHESIA RECORD

SURGEON: <u>MAC/Lot</u>		ANESTH. NO.: <u>2345E</u>	
PROCEDURE: <u>Cesarean Delivery</u>		PERMIT: <u>Yes</u>	
AGE: <u>30 F</u>	HT: <u>5'8"</u>	WGT: <u>135</u>	DATE: <u>3/23/01</u>
TECHNIQUE: <input type="checkbox"/> GA <input type="checkbox"/> REG. <input type="checkbox"/> SPI. <input type="checkbox"/> EPID <input checked="" type="checkbox"/> MAC		SHEET: <u>1</u> OF <u>1</u>	
ALLERGIES: <u>None</u>		HCL	
PREMED: <u>None</u>		TOTALS	
DRUGS	N2O/O2 <u>100/100</u>		ANESTHESIA TIME <u>NO 11/25</u>
	Fentanyl <u>100</u> <u>100</u> <u>100</u>		
INFUSIONS	Versed <u>22</u> <u>21</u>		SURGICAL TIME <u>945</u> <u>1005</u>
MONITORS	EKG	<u>SA</u> <u>SL</u> <u>SL</u>	MACHINE # <u>VAN</u> EQUIP. CHECKED <input checked="" type="checkbox"/> PRE-OP <input checked="" type="checkbox"/> INTRA-OP EVENTS: <u>Monitor in place</u> <u>Much Tolazone</u> <u>To operate, breath</u> <u>well at sites</u> <u>Complete.</u> <u>AXO Breathy well</u> <u>TODAY Sasy</u> <u>E Pulse</u>
	FiO2		
	SeO2	<u>75</u> <u>86</u> <u>86</u>	
	ETCO2		
	VVRR		
	PIP/PEEP		
	TEMP		
	SV02/co.		
	PAP/PCWP/CVP		
	PNS	<u>100</u> <u>100</u> <u>100</u>	
TIME	<u>1005</u> <u>1015</u> <u>1030</u>		
MONITORS	<input checked="" type="checkbox"/> EKG	150 100 50 0	KEY ANES. <u>.....</u> OPER. <u>.....</u> B/P <u>V</u> A-LINE <u>I</u> PULSE <u>•</u> RESP <u>{</u> SPONT <u>•</u> <u>A</u> <u>•</u> <u>C</u> <u>•</u>
	<input type="checkbox"/> PCS		
	<input type="checkbox"/> ES		
	<input type="checkbox"/> FiO2		
	<input type="checkbox"/> SeO2		
	<input type="checkbox"/> ETCO2		
	<input type="checkbox"/> TEMP		
	<input type="checkbox"/> PNS		
	<input type="checkbox"/> BP		
	<input type="checkbox"/> MANUAL		
<input checked="" type="checkbox"/> NIBP			
<input type="checkbox"/> A-LINE			
OTHERS			
# for events			
FLUID	IV #1 (cc)		TOTALS <u>4/0</u>
	IV #2 (cc)		
	Warmer		
	EBL (cc)		
URINE (cc)			
POSITION	<u>Supine</u>		
AIRWAY		VENTILATION MISC	
<input type="checkbox"/> MASK	<input type="checkbox"/> OPA <input type="checkbox"/> NPA	CIRCUIT	VENT TYPE
<input type="checkbox"/> ETT	SIZE <u>7.5</u> <input type="checkbox"/> CUFF	<input type="checkbox"/> HUMID <input type="checkbox"/> HME <input type="checkbox"/> BLD. WARMER	
<input type="checkbox"/> OR	<input type="checkbox"/> NAS <input type="checkbox"/> TRACH	EYES: <input type="checkbox"/> LUBE <input type="checkbox"/> TAPE <input type="checkbox"/> PADS	
<input type="checkbox"/> DIR	<input type="checkbox"/> BLIND <input type="checkbox"/> FIBER	CATHETERS (X) (X) (X) (X)	
TIME INT/EXT			
BLADE	# ATT <u>1</u>		
<input type="checkbox"/> BREATH SOUNDS EQUAL			
ANESTHETIST	ATTENDING SIGNATURE		

ARRIVAL PACU DATE 3/23/01 TIME 1345

B/P 134/88 PULSE 88 RESP. 15

REMARKS: SAO2 98%
AXO Breathy well & Pulse

SIGNATURE: Tom K...

500685.011.0025

**ST MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

1445280

22-13-42

FANTOZZI, RONALD M

DOB: [REDACTED]/1962

PAUL R MAILHOT, M.D.

PROCEDURE NOTE (OUTPATIENT)

Date: 03/23/2001

DICTATOR: PAUL MAILHOT, M.D.

PROCEDURE: Extracorporeal shock wave lithotripsy.

PREOPERATIVE DIAGNOSIS: Left ureteral calculus.

POSTOPERATIVE DIAGNOSIS: Left ureteral calculus.

PROCEDURE AND FINDINGS: Under adequate conscious sedation, the patient was placed on the lithotripter table and positioned in order to bring the left ureteral calculus into the proper F2 position. A total of 2500 shocks were administered to the stone with kilovolts between 18 and 26. At one point, it was necessary to decrease the power because of discomfort, of which the patient complained. Nevertheless, the stone appeared to fragment, hopefully enough to enable him to pass all of the fragments. The patient tolerated the procedure well and was transferred back to Same Day Surgery in satisfactory condition.

PLAN: The patient will be maintained on his Macrobid and analgesics at home. He is to return to the office in one week for an x-ray and evaluation.



PAUL MAILHOT, M.D./rlg

J: 96043
D: 03/23/2001 11:36:15
T: 03/26/2001 09:28:17

CC:	MICHAEL BOULANGER, M.D. MICHAEL MONZEL, M.D.
-----	---

ORIGINAL
PROCEDURE NOTE

500685.011.0026

ST. MARY'S PERMANENT MEDICAL CENTER
CONSENT TO OPERATION, ANESTHETICS,
AND OTHER MEDICAL SERVICES

Date: 3-23-01 Time: 0900

SURGERY 3/23/01 1445280
 MR 221342 MAILHOT, PAUL
 FANTOZZI, RONALD M
 43 POLAND RD
 AUBURN ME 04210
 TEL 782-3873
 03021616

- I authorize the performance upon myself (myself or name of patient) of the following procedure left extra exposed chest wall lithotomy performed by or under the direction of Dr. maulhot
- I consent to the performance of operations and procedures in addition to or different from those now contemplated, whether or not arising from presently unforeseen conditions, which the above named doctor or his associate or assistants may consider necessary or advisable in the course of the operation.
- I consent to the administration of such anesthetics in connection with surgical or other medical procedures as may be considered necessary or advisable by any of the Anesthesiologists responsible for anesthesia services at this hospital to be administered by them or others under their supervision. The nature of the Anesthetics likely to be applied in any procedures that are about to be done has been fully explained to me by a physician, including the usual and most frequent risks and hazards encountered with those anesthetics unless I have asked that the physician omit or limit his explanations out of consideration for me.
- The nature and purpose of the procedure, possible alternative methods or treatment, the risks involved, the possible consequences and the possibility of complications have been explained to me by Dr. maulhot and Dr. _____ (See below).
- I acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained.
- I consent to the photographing or televising of the operations or procedures to be performed, including appropriated portions of my body for medical, scientific or education purposes, provided my identity is not revealed by the pictures or descriptive texts accompanying them.
- For the purpose of advancing medical education, I consent to the admittance of observers to the Operating Room.
- I consent to the disposal by the hospital authorities of any tissue or body parts which may be removed.
- I am aware that sterility may result from the procedure. I know that a sterile person is incapable of becoming a biological parent.
- I acknowledge that all blank spaces on this document have been either completed or crossed off prior to my signing. (CROSS OUT ANY PARAGRAPHS WHICH DO NOT APPLY)

PLEASE READ IN FULL BEFORE SIGNING AUTHORIZING SIGNATURES

[Signature]
 Witness

[Signature]
 Signature of Patient

If patient is unable to sign or is a minor, complete the following: Patient is a minor _____ years of age. He/She is unable to sign because _____

 Witness

 Signature

 Relationship

 Patient's Name

[Signature]
 I certify that the information in number 4 was given to
 Physician's Signature

140026
 ORCONSENT

PATIENT ID: 1445280
 DAY SURGERY 3/23/01 1445280
 MR 221342 MAILHOT, PAUL
 FANTOZZI, RONALD M
 43 POLAND RD
 AUBURN ME 04210
 DOB [REDACTED] 762 TEL 782-3873
 006605921-02 3021616

Consent for Surgical and Medical Treatment

Patient Name Ronald Fantozzi Date 3/21/01
 Patient Number _____ Treatment Location _____

I hereby consent to and authorize the performing physician, residents and other individuals involved in this care to perform the following procedures or treatment:

ESWL

and such additional operations or procedures as are considered advisable on the basis of findings during the course of this procedure(s), including blood transfusion:

The physician performing the procedure or his designee has explained to me the purpose and benefits of, and the usual and most frequent risks and hazards involved in such procedures and treatment, including but not limited to:

BLEEDING, INFECTION, URETEROSCOPY

The physician performing the procedure or his designee also has explained to me any reasonable alternative treatments or procedures and, as appropriate, their usual and most frequent risks and hazards. I understand that I have the right to refuse any suggested procedures or treatment.

I understand that the practice of medicine is not an exact science and practitioners cannot guarantee results. No guarantees have been made to me concerning the results of the proposed procedures or treatments. I am aware that other risks such as severe loss of blood, infection and cardiac arrest exist with the proper performance of any treatment or procedure.

[Signature] 3/21/01

DATE

[Signature]

DATE

If the patient is a minor or is unable to give informed consent, the following must be completed:
 The patient is unable to sign this consent form for himself or herself because

SIGNATURE OF PHYSICIAN OR DESIGNEE DATE

SIGNATURE OF PATIENT REPRESENTATIVE DATE

IDENTIFICATION OF BLOOD RELATIONSHIP OR AUTHORIZED CAPACITY TO CONSENT

If consent is obtained by telephone, the following must be completed:

- 1) Consent obtained by telephone ☐; check if yes.
- 2) Name of person giving consent and relationship to patient: _____
- 3) Name of third party witness: _____
- 4) Signature of third party witness: _____
- 5) Signature of Physician/Designee: _____

Ronald Fantozzi

201 MAIN STREET SUITE #200
LEWISTON, ME 04240
(207)783-7892Y SURGERY 3/23/01 144280
MR 221342 MAILHOT, PAUL
FANTOZZI, RONALD M
43 POLAND RD
AUBURN ME 04210
TEL 782-3873
004405921-023021616INFORMED CONSENT FOR ESWL

Extracorporeal Shock-Wave Lithotripsy (ESWL) is a noninvasive method of treatment of renal and ureteral stones. This method has now been in clinical use for eight years and the majority of stones located in the upper urinary tract are potentially eligible for this noninvasive procedure. The lithotripter generates shockwaves under water that pass through the soft tissue of the body and are concentrated upon the stone. This high energy source is likely to pulverize the stone into small particles the size of sand or gravel. Most patients will pass these particles spontaneously in their urine during the weeks following a lithotripsy treatment. Anesthesia may be required for ESWL, as shockwave therapy with the current FDA approved devices can be painful. Some flank pain may be anticipated for several days following the lithotripsy treatment. Most patients will have bloody urine for several days or perhaps weeks following the treatment as the particles pass. It is even possible that a patient could experience obstruction of flow of urine by large fragments following lithotripsy treatment and this might necessitate cystoscopic or surgical intervention. The placement of a double-J stent prior to lithotripsy treatment may help to eliminate this possibility.

Other possible side-effects include anemia, nausea and vomiting, and in rare incidences hematomas involving the kidney. The occurrence of new onset hypertension is controversial. Most investigators do not currently feel there is enough evidence to support a causal relationship between ESWL and new onset hypertension.

The obvious advantage to lithotripsy treatment is that it obviates the need for surgical treatment in a large percentage of patients. Certain types of stones, however, may not be pulverized with lithotripsy treatments and may require other procedures to eliminate these stones. These other procedures include: percutaneous removal, ureteroscopy, and rarely open surgery.

Following the lithotripsy treatment, follow-up x-rays and renal ultrasounds will be obtained to assess the passage of stone particles. If a stent has been placed prior to the lithotripsy treatment, this will be removed when most of the particles have passed. Repeat ESWL procedures may be necessary if large fragments remain or are not well pulverized.

I understand the above information and agree to proceed with extracorporeal shockwave lithotripsy as outlined by Dr. Mailhot.

Ronald Fantozzi
Signature

3/23/01
Date

Paul H. Mailhot
Witness

Paul H. Mailhot
Paul H. Mailhot, M.D.

Signal Medical Services, Inc.
Mobile Lithotripsy Unit



DAY SURGERY 3/23/01 1445280
221342 MAILHOT, PAUL
FANTOZZI, RONALD M
43 POLAND RD
AUBURN ME 04210

Date: 3/23/01 ESWL Number:
Hospital Mobile Site: St. Mary's Regional Medical Center
Patient Name: Ronald Fantozzi Social Security No.
Address: 40 Poland Rd Aub. Me 04210 Phone: 782-3873
Age: 38y Sex: M Height: 5'8" Weight: 177.3kg
Attending Urologist: Dr. St. Martin Anesthesiologist: DR. Beliso
Treatment Side: Right ☒ Left ☒ Bilateral ☐ Ipsilateral ☐ (if bilateral or ipsilateral, complete a separate form for each stone).
Staged: # Regtreatment:

Anesthesia Type: General ☐ Spinal ☐ Epidural ☐ Local ☒ MAC
Time: In Trailer 1040am Out Trailer
Anesthesia Started: 1050am Anesthesia Ended:
Total Anesthesia Time:
ESWL Started: 1050am ESWL Ended: 1120 Total Procedure Time:
Delays: Yes ☐ No ☒ IF YES, reasons why:
Fluoroscopy Time:(minutes) 2.6 Number of Spot Films: KV 81 MA 28
Stone 1 Electrode# 1 : 20 Shocks at 14 kv ICGy x 2 cm2
Stone 1 Electrode# 1 : 20 Shocks at 16 kv ICGy x 2 cm2
Stone 1 Electrode# 1 : 20 Shocks at 18 kv
Stone 1 Electrode# 1 : 20 Shocks at 20 kv
Stone 1 Electrode# 1 : 20 Shocks at 22 kv
Stone 1 Electrode# 1 : 20 Shocks at 24 kv
Total Number of shocks: 2880 26
Voltage: 14 Minimum 26 Maximum

*It frequently
moves*

Ureteral Catheterization: Right ☒ Left ☒ Bilateral ☐ Percs? Right ☐ Left ☐
Stents? Right ☒ Left ☒ Date of insertion: 3/9/01
Swelling: None S M L Erythema: None S M L Entrance Petechiae: Exit Petechiae:

Hematuria: YES ☐ NO ☒ CLOTS

ESWL RENAL STONE LOCATIONS(S)

Classification: Right ☒ Left ☒

Pelvic

Calyceal #2 ✓

Ureteral #1 ✓

Upper #1 ✓

Middle

Lower

Stone Composition

Maximum Stone Length & Width

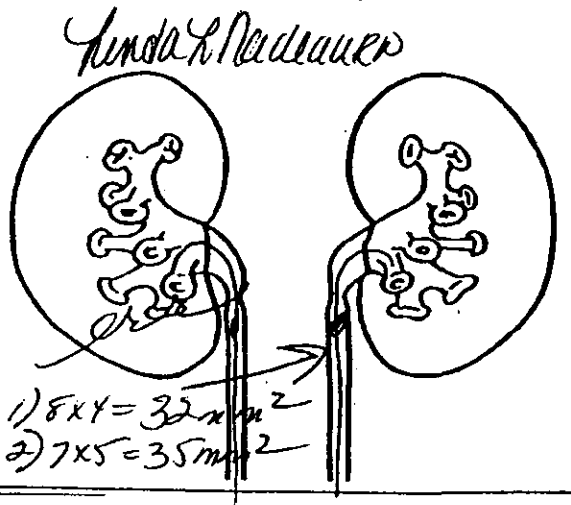
Associated Anatomic Abnormalities:

Complications:

Comments:

Physician Signature:

PLEASE DRAW IN STONES AND STENTS
(Write in stone size)



orlit2

500685.011.0030